
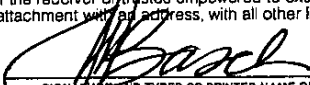


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90185 047 ****61.25

DOCUMENT # N96000006017 1. Entity Name ROSEWOOD AT RIVER RIDGE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 10730 US 19 STE 17 PORT RICHEY, FL 34668		Mailing Address 10730 US 19 STE 17 PORT RICHEY, FL 34668			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01042006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-3428522				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
QUALIFIED PROPERTY MANAGEMENT INC 10730 US 19 PORT RICHEY, FL 34668			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENTA, ANDY 10730 US 19, STE 17 PORT RICHEY, FL ---	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Donlon, Bill 10730 U.S. 19, Suite 17 Port Richey, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KENNEDY, JAMES 10730 US 19, STE 17 PORT RICHEY, FL ---	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kennedy, James 10730 U.S. 19, Suite 17 Port Richey, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SABER, MARTINE 10730 US 19, STE 17 PORT RICHEY, FL ---	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Basch, John 10730 U.S. 19, Suite 17 Port Richey, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Lamerton, Susan 10730 U.S. 19, Suite 17 Port Richey, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINBERG, BEV 10730 US 19, STE 17 PORT RICHEY, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Schouten, Joanne 10730 U.S. 19, Suite 17 Port Richey, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOUTEN, JOANNE 10730 US 19, STE 17 PORT RICHEY, FL ---	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <div style="float: right; text-align: right;"> 4/28/06 <small>Date Daytime Phone #</small> </div>					

ATTACHMENT

40079078

DOCUMENT #N96000006017

ROSEWOOD AT RIVER RIDGE HOMEOWNERS
ASSOCIATION, INC.

Additional Directors

D Addition

Paul, Rick

10730 U.S. 19, Suite 17

Port Richey, FL

D Addition

Collins, Lynn

10730 U.S. 19, Suite 17

Port Richey, FL

D Addition

Rich, Lyle

10730 U.S. 19, Suite 17

Port Richey, FL